

COT STANDARD PROCEDURE & FORM JUSTIFICATION			
Subject: Standard Procedure & Form Recommendation			
Instructions: Use in conformity with Procedure # COT-013, "COT Standard Procedures and Forms Development, Distribution and Maintenance."			
Action Recommended/Requested: <input type="checkbox"/> Create <input type="checkbox"/> Revise <input type="checkbox"/> Rescind			
Procedure: List the number, name, applicability and category of the procedure or form below.			
Procedure or Form Name:			Number (if new, contact OET):
Category:	<input type="checkbox"/> Executive Management/ Governance	<input type="checkbox"/> Administration	<input type="checkbox"/> Security
	<input type="checkbox"/> Development	<input type="checkbox"/> Operations/ Support	<input type="checkbox"/> Form
Requestor Name:			Telephone: () -
Org. Area (e.g., Branch, Div., Office):			Date:
Justification: Briefly describe and explain the reason for the requested action. Include value to COT.			
COT Management	Action Taken		
Branch Manager	<input type="checkbox"/> Reviewed		
		Signature	Date
Division Director	<input type="checkbox"/> Reviewed		
		Signature	Date
Executive Director	<input type="checkbox"/> Reviewed		
		Signature	Date
Chief Information Security Officer	<input type="checkbox"/> Reviewed		
		Signature	Date
Deputy Commissioner	<input type="checkbox"/> Reviewed		
		Signature	Date
Commissioner	<input type="checkbox"/> Reviewed		
		Signature	Date

Return to: COT Division of IT Governance, 120 Glenn's Creek Road, 1st Floor, Frankfort, KY 40601 or
Email to COT Policies@ky.gov with accompanying procedure document or form when complete.